PLACE OF DEATH	03178	STATE OF M	MARYLAND
County 12013	LIMITS OF	CERTIFICATE	OF DEATH
A. 1	107-a	Registration I	111
Village or City (No.		St.: Ward)	(If death occurred in a hospital or institu-
2FULL NAME Marian aul	5		tion, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE C	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	Twek (Month)	9 , 1931 (Day) (Year)
6 DATE OF BIRTH MG 28 , 1930 (Month) (Day) (Year)	1	CERTIFY, That I atte	nded the deceased from , 1927,
yrs. 6 mos. 1 ds. or min.?		rred on the date stated FH * was as follows:	above, at m.
a) Trade, profession or particular kind of work	men	morrie /	Storeto"
(b) General nature of industry business, or establishment in which employed or (employer)		(Duration)	yrs. mos // da.
9 BIRTHPLACE (State or country)	Contributory Secondary	(Donation)	annonessaannees anaecenn, sereessereen kindrida.
10 NAME OF Russel H auch	(Signed)		M, D.
OF FATHER (State or country) MAC	*State the I Violent Causes, st Accidental, Suicidal	is ase Causing Death, tate (1) Means of Inj	or, in deaths from ury and (2) Whether
OF MOTHER Guarie Corder		SIDENCE (For Hospit	als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsr	nosds. In the	yrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cont	h?	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Informant) RH Gult	Former or usual residence		
(Address) Drunsur's fe my	Purk Height	Burrank md	meh 11, 1931
Filed Mar 10 131 ms A. S. Kingles	20 UNDERTAKER	Hon Bruns	andress ma
If more banks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St.,	Balto., Requesting V. S	. 1.0. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For, many occupations a single word or term on especially in industrial employments, it is neces-(6) For persons who have no occupation Automobile factory. The materia Salesman, (b) Grocery;

Strtement of Cause of Death—Name, first, the Dree BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (naver report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

(Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "HaemorThage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y cough; Chronic etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions in swered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If denth occurred in a hospit I or institution, give its NAME i. 0 stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH may be n back WIDOWED. OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that I last saw heart, alive on (Month) (Day) (Year) 7 AGE The CAUSE OF DEATH * was as follows: ERVED OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE (State or country) 10 NAME OF FATHER II BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. (State for country) 18 LENGTH OF RESIDENCE (For Hoapitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER Stateyra.....mos......ds. (State or country) T Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE no Former or usual residence DATE OF BURIAL ADDRESS Registrar If more banks are needed, address Etate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid. etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., without more precise specification as Day Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer: (b) Cotton mill; (a) Salesman. (b) (b) Stationary fireman, etc. But in many For persons who have no occupation Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

use of "Tumor" "Debility" ("Congenital," stated unless important. inges, peritonaeum, etc., Carcinoma, Sdrcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, Examples: Accidental drowning; Struck by raibway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse, Never report mere symptoms or terminal condideath), 29 ds.; Bronehopneumonia (secondary), (name origin; "Cancer" is less definite; avoid for malignant neoplasins); Meusles; Chronic and consequences, e.g., sepsis, Example: Meusles (disease ," "Coma," "Convulsions, valvular heurt disease; etc. The affection need contributory death ." etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH WITHIN the Con	STATE OF MARYLAND
County frederick 3.	CERTIFICATE OF DEATH
0,00,00	Registration Dist. No. 12
Village or City redunch. Conor Assiper	St.: Ward) (If death occurred in a hospital or institu
2FULL NAME () /2/200	Decrard tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Manuel WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 193 / (Month) 18 (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Chril 2 1889	Mauh 19 193 1 to 192
(Month) (Day) (Year)	that I last saw h Mallve on Mauch 193
HEESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Assessing (a) Trade, profe	Septerseura
(b) General nature of industry business, or establishment in	(Duration) yrs. mos ds
which employed or (employer)	Contributory Marcha Chemones
(State or country) Manyland,	Secondary Duration Vis. mos. de
10 NAME OF FATHER OFFICE MENTERS	(Signed) M. D.
of father 2	Many 192 (Address) Felding Mid
Z (State or country) Mayland,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
of Mother Lalina Poole	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Manyland	ients or Recent Residents) At place of death yrs mos ds. State from mos de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) H. E. Becraft,	Former or usual residence that any many land
Bhadas mt. asig. ml.	Days Dotted OR REMOVAL DAYSE OF BURIAL
Filed & Man 1981 . Inf welculy Registra	6.M. Waltz. Minifield md.
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrunt, Cook work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseer," etc., without more precise specification as Doy laborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil angineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) approved by Committee on stated unless important. Example: Measles (disease Recommendations on statement of cause of curbolic acid-probably suicide. The nature of tho injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, VIII Age,
"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles, Examples: Accidental drowning; Struck by roilwoy traintaken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid perilonocum, etc., Carcinomo, Sarcoma, etc., oi Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic etc. The contributory valvular heart diseose; Nomenclature

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BIND

MARGIN RESERVED FOR

V. S. No. 1

WITH UNFADING INK--THIS WRITE PL

Vi	2FULL NAME John G. B
-	PERSONAL AND STATISTICAL PARTICULARS
3 1	male white Single, Married, Married, Married, Married, Married, Midowed, OR DIVORCED (Write the word)
6	(Month) (Day) (Year
7	AGE 2 byrs. / Omos. 9 ds. or mi
30	DCCUPATION a) Trade, profession or
クーグ	b) General nature of industry pusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country)
S	DCCUPATION a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER
ARENTS	DCCUPATION a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE
RENTS	DCCUPATION a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OTHER A A A A A A A A A A A A A A A A A A A
PARENTS	DCCUPATION a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER

3181 STATE OF MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
Registration Dist. No. 189

St.: Ward)

(If death occurred in a hospitel or institution, give its NAME instead of street and number.)

_	
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH March 16 19031
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
ŀ	March 2 1923) march 16, 19231
	that I last saw h Masliva on March 5, 1923.
n	and that death occurred on the data stated above, at 3:15 Am.
	The CAUSE OF DEATH * was as follows:
?	$O \rightarrow I$
	Pulmonary Tuberculosis
	1 44 - 1 AL PARTIE - 1 AL PART
	·
	Contributory March Sterrosis
	Contributory Secondary
ı	
-	(Signed) Durefon) Spaffer M. D.
-	Mar 16 192 (Address) State & Malonin
	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	iants or Racent Residents)
	At place of death
•	Where was disease contracted, MR BROWN By
	Former or 11111/ C MA + 1 + 12 0 T

If mora bianks are naeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed laborer, worked on may form part of the second statement. to report specifically the occupations of persons en-," etc., without more precise specification as Day mer, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Luborer-Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart fauure,
"Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (secondary or intercurrent) Chronic interstitial nephritis, Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Committee on Chronic affection need not be ctc. The contributory valvular heart disease; Nomenclature of the

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PLACE OF DEATH

County FREDERICK	CERTIFICATE OF DEATH
	Registration Dist. No. / 3
Village or City ADHMSTOWN (No	St: Ward) St: Ward (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF REATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED. WWW. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) , 1815 (Year)	17 I HEREBY CERTIFY, That I attended the decessed from Marchy 1931, to Marchy 1931, that I last saw h 1 Maive on March 2 49 1931
7 AGE If LESS than day hrs. or min.? B DCCUPATION day min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows: CELEBRASE SECURIOR STRAGE
particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrsmosds
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) Jys. Mos. de
10 NAME OF FATHER What Brown	(Signed) Address ADAMSTOWN, MARYLAND,
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Such Junes	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Laura S Benner	Former or usual residence
(Address) At motom W	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MULI Y, 193
15 Filed Mch 12 1921 Tayle Inton	20 UNDERTAKER ADDRESS MIL CHARACTER French
If more b.anks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

STATE OF MARYLAND

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, Spinner, (b) Cotton mill; (a) Salesman, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer -- von mine, even at home, who are engaged in the duties of the Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The materia As examples: (a) (6)

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

as fracture of skull, and consequences (e. g., sepsis, (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcama, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage," carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) Never report mere symptoms or terminal condicough; Chronic affection need not be etc. The contributory valvular heart Always qualify all disease;

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infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH (13)83	>
	County Frederick	Registration Dist. No. 2/=	
item of should of OCC	Village or City men Frederick (II	No. Near Freedench St., f death occurred in a horpital or institution, give its NAME instead of street and number	Ward
	Length of residence In city of town where death occurred	sds. How long In U.S. if of foreign blrth?yrsmos	ds.
tb. Every rsicians	2. FULL NAME The Carol Car	maek	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
RECOI PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH More 21 (Month) (Day) 193	(Year)
MANERA CT	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decease the second s	sed from
BINDI ERMA E X A (y classi	6. DATE OF BIRTH (month, day, and year) Dec. 26 1922	t last saw h. en alive on Man 24 , 1931; deat	th Is sald
FOR B) IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day, hrs. or or min.	THE RECEIVED OF BEATH and Joint Co.	e of onset
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, Attack	Mearles	Can /
ERVE VK—TI should it may n back	9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.		
ES III	10. Date deceased last worked at this occupation (month and year)	Other Cantributery Causes of Importance	
ZATO	12. BIRTHPLACE (city or town) Walkervolle (State or country) red.	Broncho Vnumeria Da	last
MARGI UNFAI supplied. n terms,	II 13. NAME Harry E. Carmack		
MA I U sup in to	13. MAME Harry E. Carmet 14. BIRTHPLACE (city or town) Walkerwirele (State or country) Nul.	Name of operation Date of Date of	Σ,
		What test confirmed diagnosis Was there an autops: 23. If death was due to external causes (VIOLENCE) fill in also the following:	y?
r, WITH carefully CH in plai	15. MAIDEN NAME Nelles Mercer 16. BIRTHPLACE (city or town) Difficulty of the or country)	Accident, suicide, or homicide? Date of Injury,	19
be ca	(State or country)	Where did injury occur?	
Ald	17. INFORMANT Care Carenact (Address) Fullware Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
4.5	18. BURIAL, OREMATION, OR REMOVAL	Manner of injury	
WRITE NATION STAUSE	Place Pathusell Mapate 195/	Nature of injury	
WRITE mation s CAUSE TION is	19. UNDERTAKER la E. Cline From (Address) Fredrick Med.	24. Was disease or injury In any way related to occupation of deceased?	-0
N. W. K.	20. FILED 2 3. marche 2 Dra McQuelly	(Signed) (Address) Ordania 7	M. I
- 3		, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: pp. 4	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis PHREAT TO	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



HXSI-Exact

	PLACE OF DEATH	STATE OF MARYLAND
1	County Frederick	CERTIFICATE OF DEATH
	T 1 · l T	Registration Dist. No. / 3/
cate.	2FULL NAME 12 Chas. Ch	(If death occurred in a hospital or institution, give its NAME irstend of street and number.)
		4
00	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	MARRIED, Married or DWORGED (Write the word)	16 DATE OF DEATH March 2 , 193 /
۵	6 DATE OF BIRTH	(Month) (Day) (Year)
ō .	1. 16 6/7	hanch 193/ to March 2 1923
50	May 21, 186/.	ha la
100	7 AGE (Youth) (Day) (Year)	that I last saw hom alive on Casch 2, 1923
ž	"LLOO Hall	and that death occurred on the date stated above, at
8	63 yrs. 9 mos. 4 ds. or min.	The CAUSE OF DEATH * was as follows:
-	8 OCCUPATION	
Sec	(a) Trade, profession or	on gunal Vernia
	particular kind of work The Man	// Otrangulated.
	business, or establishment in	(Davids)
2.84	which employed or (employer)	(Duration)yisds.
o C	BIRTHPLACE (State or country)	Contributory Congress
	Mayland	(Duration) unos ds.
2	FATHER OF O	(Sidned) (() Teasse N.D.
>	relliano Cupley	March 2-03/1 STaller is h
27	U II BIRTHPLACE OF FATHER	(Address) Walluck Jan
5	Z (State or country) Mary and	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1). Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER OF MOTHER	
	a survey Committee	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the /
	(State or country) Mu all all	of death yrs ds. State da, mos ds,
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	1. Ol. Olillan	Former or usual residence walkerseille mid:
	(Informant) Mys Clias Chifley	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Trelkers Cible Mod.	O D O D D O D D D D D D D D D D D D D D
		mortiloro lem 4-march 1001
	15 Filed 3 - Unace 1921 Sa Mcharly:	20 UNDERTAKER ADDRESS
	Registrar	K. & Putman Walkerelle
	If more banks are needed, addres ttate Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, business, that fact may be indicated thus; Farmer fre-Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, yrs .. Farm laborer, without more precise specification as Day Compositor, For persons who have no occupation (b) Automobile factory. The materia Laborer—Coal mine, etc. Architect, Salesman, (b) Locomotive engineer, not gainfully em-The ques-Grocery, Wom-

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

> stated unless important. approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. "PUERPERAL seplicaemia," "PUERPERAL perilonikis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary) Whooping use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; " "Marasmus," "Old Age," "Shock," Committee on Nomenclature Chronic Example: Mcasles (disease "Senile," etc.), "Dropky, failure," "Haemorrhage, valvular heart disease etc. The contributory "Dropsy,

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C

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more process. The laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebros pinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJU.:Y by Committee on " "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature Measles; disease;

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M		PHYS
	CORD	 ACE should be stated EXACTLY, PHYS so that it may be properly classified. Exe
	S IS A PERSONNENT CORD	stated E
N.G	ME	d be
FOR BINDING	PER	shoul It ma
SR I	S A	ACE
щ	31 8	900

Si-	1PLACE OF DEATH	03186 STATE OF MARYLAND
EXS	County Frederich	CERTIFICATE OF DEATH
Y, p	0 5 - 1	Registration Dist. No. / 38
ACTL lassif te.	Village or City Mew Market (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
ated EXAC	2 FULL NAME Lawernce Bayara	stead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be st ck of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED Lingle	16 DATE OF DEATH March 31et, 1931
ould may n ba	6 DATE OF BIRTH	(Month) (Day) (Year)
によっ	abril 10 1910	March 15- 193/ 10 March 3/ , 193/
	(Month) (Day) (Year)	that I last saw h m alive on Merch 3/ , 1923 /,
ed. ACE	7 AGE If LESS than day hrs.	
ms e	20 yrs. // nios. 21 de. or min.?	Enlmoney Tuhuculoeic
6.—Every item of information should be carefully sup CIANS should state CAUSE OF DEATH in plain te statement of OCCUPATION is very important. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed April 1931 Juccian A Factory Registrar	(Duration) O yrs. 2 mos. ds. Contributory Secondary (Duration) O yrs. 0 mos. 15 ds. (Signed)
2	If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruont, Cook work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary, may he entered as Housewije, Houseen at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotic engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons encases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day duties of the

spinal meningitis"); Diphtheria (avoid use of "Croupli force (the only definite synonym is "Epidemic cerebro" ed term for the same disease. Examples: Cerebrospinal, Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accepti-TUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> letahus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of as fracture of skull, curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease and consequences (e. g., sepsis etc. The contributory

permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

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(Approved by U. S. Census and American Public Health Association.)

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Ease Causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

men quences (e. g., sepsis, tetanus) may be stated under the Nounnelature of the American Medical Association.) head of "contributory." ture of the injury, as fracture of skull, and consediseases resulting from childbirth or miscarriage as conditions, such as "Asthenia," "Anaemia" (merely Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal septicaemia," "Puerperal peritonitis," can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," ary), 10 ds. myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemor causing death), 29 ds.; Bronchopneumonia (secondstated nuless important. Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, menof "Tumor" for malignant neoplasms); Measles; of cause of death approved by Committee on cause for which surgical operation was under-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Never report mere symptoms or terminal (Recommendations on state-Example: Measles Always qualify all The contributory "Соша," (disease

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PLACE OF DEATH	STATE OF MARYLAND
County Trealerich Menty	CERTIFICATE OF DEATH Registration Dist. No./2/>
.4	Registration Dist. No./2/=
Village or City Frederich (No. Frederic	(C6 1/4 / X)
Village or City / Wow (No. / Months	Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Mari ama	stead of street and
- TOLL NAME of	Jan
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH March. 14 19831
Temple Whyte OR DIVORCED	
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 14, 13/	5/10/2 -7 4/5
(Month) (Day) (Year)	that I last saw her alive on tell - www. 1971,
7 AGE	and that death occurred on the date stated above, at
1 day hrs. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION.	(4 mon poetus)
(a) Trade, profession or particular kind of work	(7 mons poetro)
(b) General nature of industry	
business, or establishment in	(Duration) yrs, mos, de.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) (State or country)	Secondary
1 10 NAME OF 7	(Duration) yre mgs de
FATHER Trank of Dall	(Signed) M. D.
M 11 BIRTHPLACE	14 (March 193) (Address) I rederily length
Z (State or country) Treslerus Mul	*State the Disease Causing Death, or, in death's from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI MAIDEN NAME / , Q APLI'	Accidental, Suicidal or Homicidal.
of MOTHER Muley July Kirk	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country) Deleware	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
to 10 Dall	Former or usual residence
(Informant) Transh a Doll	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Frederick (Mrs)	210 mist- Frederich MA 3/14 .031
15 111/4 21 1 - 1/4 20 1	20 UNDERTAKER ADDRESS
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A Registrar /	10 W San Sa Balas De Landing V S As 1
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

03188

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (re-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook ployed. as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers , who receive a en at home, who are engaged in the duties of the er," etc.. worked on may form part of the second statement. nature of the business or industry, and therefore an the first line will be sufficient, e. g., Former or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesins). Farm laborar. without more precise specification as Day (6) For persons who have no occupation Automobile Laborer-Coal mine, etc. foctory. The (b) material Grocery; Wom-

Statement of Cause of Death—Name, first, the pis-EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> (Recommendations on statement of cause of "Debility" ("Congenital," "Senile" "Exhaustion," "Heart failure," stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonibis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; Examples: Aecidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonoeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid interstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. valvular heart Nomenclature The contributory Always qualify all not be diseose;

If this certificate is looked over thoroughly and a'l quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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RESERVED FOR BINDING	3 INKTHIS IS A PERMANENT RECORD	fully supplied. ACE should be stated EXACT plain terms so that it may be properly class ant. See instructions on back of certificate

PLACE OF DEATH	03189 STATE OF MARYLAND
County Trederick	CERTIFICATE OF DEATH
	Registration Dist. No. 134
Village or City Line (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Cleggett Wa	rfield Darsey number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March & 1921 (Month) (Day) (Year)
6 DATE OF BIRTH Cuan 27 185	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw him alive on March & , 19231
7 AGE 7 6 yrs. 9 mos. // ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Retired	anaemia
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Wis mos ds.
9 BIRTHPLACE (State or country) Waryloud	Contributory Secondary (Duranor) Lyrs
10 NAME OF Cleggett Lorsey	(Signed) Prooke Lassuson M. D. Mont q 131. (Address) Emmitsburg Ins
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CALL TO THE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Cuan love	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MYCKNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Lus Cuggett Darsey	Former or usual residence.
(Address) Emitsburg red	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Luch 11, 19
15 Filed mol 10 - 1981 M. F. Shreffistrar	20 UN DERTAKER ADDRESS W. J. Shute Curitaling &
If more blanks are needed, addresa State Registr	ar, 16 W. Saratoga St., Balto. Reduesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits ean be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, c. g., Farmer or Planter, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a laborer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. to report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neces-07 yrs). Farm laborer, (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day At Home, and children, For persons who have no occupation If the occupation has been changed Laborer-Coal mine, etc. Womsingle word or term on Locomotive engineer, not gainfully em-The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is *Epidemic cerebrospinal meningitis*); *Diphilheria (avoid use of *Croup*); *Typhoid fever* (never report "Typhoid Pneumonia,"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, ctc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, approved can be ascertained as the cause. Always qualify all diseases resulting from ehildbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The n .ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory affection need not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-	PLACE OF DEAT
CORD (EXACTLY, classified icate.	Village or City Myss
C C C	² FULL NAME
ated	PERSONAL AND

03130

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 145

2FULL NAME Pichard Kepler	St.: Ward) A hospital or institu- tlon, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. Aingle Wildowed. Male white (Write the word)	16 DATE OF DEATH
March 10, 193/ (Month) (Day) (Yeer)	17 I HEREBY CERTIFY, That I attended the deceased from Man 1.5 1231 to Man 1.9 , 1931, that I last saw har alive on Man 1.9 , 1931,
7 AGE If LESS than I day hrs. g ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Bronchial Pruemonia
business, or establishment in which employed or (employer)	(Durstion) yrs. mos. H.de.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF TATHER 12 MAIDEN NAME OF TATHER 12 MAIDEN NAME OF TATHER OF	Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Signed) (Signed) (Address) (
of Mother Nelly 6. Grossnickle 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) Grayson 6. Doub	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Myureville, Md,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL No. 10 Cometery Maryland Mar. 21, 1931
15 Filed March 20, 1931, William S. Waltel Registrar	Bittle Bros, Myarwelle, md

If more bienks are needed, address State Registrar, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farner (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the Discass Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrash fever (the only definite synonym is "Epidemic cerebrashinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MARGIN RESERVED FOR BINDING	I UNFADING INKTHIS IS A PER NENT CORD	ould be carefully supplied. ACE should be stated EXACTLY, PHYSI- OF DEATH in plain terms so that it may be properly classified. Exact
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Village or City Redge vell (No. St.: Ward) 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED	PLACE OF DEATH County Grederick	03191 STATE OF MARYLAND CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWEDD OR DIVORCED (Write the word) Langle 5 DATE OF BIRTH 17 I HEREBY CERTIFY, That I divorced that I last saw h Ma slive on March 9 I last sa	0-1	Registration Dist. No. 47 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
Month (Day) (Year) To AGE BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Month (Write the word) Lingle (Month) (Day) (Year) (Ye		MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year) 7 AGE World 32 yrs. 5 mos. 4 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 9 BIRTHPLACE (State or country) 7 AGE Contributory Secondary 17 I HEREBY CERTIFY, That I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	m. Colonel MARRIED, WIDOWED. OR DIVORCED P	Mar. 8, 193!
The CAUSE OF DEATH * was as follows: Soccupation Gallow Soccupation Soccupati	6 DATE OF BIRTH Oct. 12 , 1893	192 to , 192 ,
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF Duration) Ourstion) Yes mos.	about 32 yrs. 5 mos. 4 ds. or min.? 8 OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, at 10 P. m. The CAUSE OF DEATH * was as follows: Course of mental orders need and require course up and our
10 NAME OF	business, or establishment in which employed or (employer)	(Duration) yes de.
violent causes, state (1) Means of Injury and (2) Wheth	FATHER & mory Dutton II BIRTHPLACE OF FATHER (State or country) Maryland	(Signed). Steerwell 7. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whather
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER OF MOTHER OF MOTHER In the State	OF MOTHER LUCY ROTTS 13 BIRTHPLACE OF MOTHER TO THE THE PROPERTY OF THE PROP	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
Where was disease contracted, if not at place of death? (Informant) Aucy Burns 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR DATE OF BURIAL OR REMOVAL DATE OF BURIAL OR DATE OF BURIAL OR REMOVAL DATE OF BURIAL	4 D	former or usual residence
Filed Mar 9 192 3 1 mm H. toland 20 UNDERTAKER ADDRESS Registrar H. M. Snyder Mt Cary If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.	Filed// 9 1923/ M H. fcf and Registrate	4. M. Snyder mt dirym

(Approved by U. S. Census and American Public Health Association.)

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Strrement of Cause of Death—Name, first, the DEEA: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Recommendations on statement of cause of death mas fracture of skull, and consequences (e.g., sepsis, approved by Committee on .totohus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "(E:haustion," "Heart ranure," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); Measles; State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERFERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as ChronicExample: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all qu stions analysed in detail, it will prevent further correspondence. All the additional and must be obtained before the certificate is permanently filed.

B

STATE OF MARYLAND	-CERTIFICATE OF DEATH 03192
1. PLACE OF DEATH	16)
County Frederick.	Registration Dist. No. / 2/
Village or City Frederick y	No. Chapel Alley, Zacherias Garage Wa
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital of institution, give its NAIVIE, instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Maurice Clifford Easton .	
	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the work married	
a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fr
DATE OF BIRTH (month, day, and year) Feb. 12, 1885	, 19 , to , , 19 , 19 , 19 , 19 , death is si
AGE Years Months Days If LESS th.	
46 1 0 1 day,	follows:
9 Trada profession or particular	TELS SuffictEd Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Jeen- Hot Wound
10. Data deceased last worked at this occupation (month and spant in this year) this occupation.	Through Ite ad (Brace)
2. BIRTHPLACE (city or town) Maryland (State or country)	Other Courseases of Importance.
13. NAME Johnsey Easton.	
13. NAME Johnsey Easton. 14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susanna Barnes.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide Section Crid State of injury 3/12, 193
(State or country) Mrs. M. C. Easton.	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Frederick, Md.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Winfield, Md. Date March 12, 19	
M. R. Etchison & Son	24. Was disease or injury in any way related to occupation of deceased?
9. UNDERTAKER Frederick, Md.	If so, specify A
10, FILED [2 hearly] by uchuse	(Signed) & strayers / Syxue)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injurics. Examples:

Example I Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street ear	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it age. For many occupations a single word or term on cupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Screaul, Cook, to report specifically the occupations of persons enployed. as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Solesmon. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor. Architect, Locomotive engineer, Civil angineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. Foreman, especially in industrial employments, it is necesor Al B.18. Farm laborer, without more precise specification as Doy Home, and children, For persons (6) If the occupation has been changed Automobile foctory. The material Loborer-Coal mine, etc. who have no occupatio not gainfully em-The ques-Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar spneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from ehildbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condi-. (name origin; "Caneer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY interstitiol nephritis, by Committee on Chronic valvular heart disease Carcinoma, Sarcoma, etc., of etc. Nomenciature The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Frederich (No. Freder 2FULL NAME Mrs Clava. Pule	Registration Dist. No. / 4/3
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Married WHOOWED Married OR DIVERCED (Write the word)	March (Month) (O (Day) (Year)
Month (Day) (Year)	that I last saw hely alive on March 10, 1921
7 AGE (Month) (Day) (Fear) (Fair) (Bay) (Fear) (Jay h or min	n and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 AIRTHPLACE (State or country)	(Duration) yrs. mos. ds Contributory Secondary (Duration) yrs. mos. ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER UMANGALE OF MOTHER UMANGALE OF MOTHER OTHER OTHER	(Signed). M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) C H Flette =	At place of death yrs mos ds. In the years mos ds. Where was disease contracted, if not at place of death? Former or usual residence Drumania Model 19 PLACE OF BURIAL OR REMOVAL DATE, OF BURIAL
(Address) 12 min 198 Filed 1- May 198 Fragility Registrar	Worddletonn Mrd 13-Mal, 19 3 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ARIBOTAL BARBOLLE ARIBOTAL BARBOLL

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Solesmon. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples: (0) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (no Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer." "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer etc., For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form laborer. without more precise specification as Doy For persons who have no occupation Stationary fireman, etc. But in many Laborer--Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Disease of New York of Cause of Death—Name, first, the Disease of New York of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Fneumonia");

MA merican Medical Association.) approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis corbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menthecommendations on statement of cause of Examples: Accidental drowning; Struck by roilway train-"Inanition, (secondary "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, peritonocum, etc., Corcinoma, Sorcoma, Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) " "Marasmus," "Old Age," "Shock," Chronic etc. affection volvulor heart discase; The need not bo contributory Measles; etc., of

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APR 4 1

18. BURIAL, CREMATION, OF REMOVAL

19. UNOERTAKER
(Address)

MARGIN RESERVED FOR BINDIN

STATE OF 1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH 03195
County Frederich		Registration Dist. No. 145
Village or City Haranana		No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?
2. FULL NAME Emma Fra		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female repite	SINGLE, MARRIED, W10 OWED, Y OR DIVORCED (write the word) widow	21. DATE OF DEATH Mort. (Month) (Oay) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of James F. J	irestone	22. I HEREBY CERTIFY. That I attended deceased from 19. 19. 10. 11. 19. 19. 19. 19. 19. 19. 19. 19. 19
DATE OF BIRTH (month, day, and year)	15- 18-50	I last saw har alive on Mar. 12 19.31; death is said
. AGE Years Months	Oays If LESS than 1 day, hrs.	to have occurred on the date stated above, at \$3.30 m.
80 6	/ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Hauseheeping	Chopleyy with
10. Oate deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	trigated secret
2. BIRTHPLACE (city or town) . Maryl. (State or country)	and	Other Contributory Causes of importance:
13. NAME Theopalis	Whippy	
14. BIRTHPLACE (city or town) Massey (Stata or country)	land	Name of operation
15. MAIDEN NAME Harriet	Brane	What test confirmed diagnosis? Was thera an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Mary (State or country)	land	Accident, suicide, or homicide?
7. INFORMANT Minnie St. (Address) May 172 4 4 6	hanh	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows:		Example II The principal cause of death and related causes of importance were as follows:		
				Arterioselerosis
Chronie interstitial nephritis	7.11 17 19 1.00	1921	Run over by street ear	i week ago
Cerebral hemorrhage	BUREAU V	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 137
Village or City Mean Cohumble 100.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Single, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH July 7th, 1846	(Month) (Day) (Year). 17 I HEREBY CERTIFY, That I attended the deceased from the de
(Month) (Day) (Yesr) 7 AGE If LESS that I day hrs or min.	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)yrsmos
10 NAME OF FATHER Seph Fisher 11 BIRTHPLACE OF FATHER (State or country) 2 (State or country) 12 MAIDEN NAME O	(Signed)
of MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) M	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trainents or Recent Residents) At place of death
(Informant) Miss Ethel Cox (Address) 30/6 St Paul St	Former or usual residence. 12 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Waker Hill Clustery Mar Lth., 193.
15 File Mar 5 1934 Machine Registrar	Powell + allaugh Liberty Sur Par, 16 W. Saratoga St., Balto, Requesting V. S. No. 1/

(Approved by U. S. Census and American Public Health Association.)

laborer, whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. Housemand, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseer," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons er Foremun, (b) Automobile For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. factory. The material But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease carbolic acid-probably smcide. The n .ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shoek," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid by Committee on cough; or intercurrent) Chronic etc. The contributory valvular heart affection need not be Nomenclature of the disease; etc., of

If this certificate is looked over thoroughly and all qu stions anywered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. Mo. 1

PLACE OF DEATH,	STATE OF MARYLAND
County Trederick	CERTIFICATE OF DEATH
C 1	Registration Dist. No. 137
Village or City Suvord (No.	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Plancy Elizabet	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewal White SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Nov. 16 1871	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day	
yrs. 2 mos. 20 ds. or min.?	THE CAUSE OF DEATH * Was as follows:
8 OCCUPATION (a) Trade, profession or Housewife	af spleng.
(b) General nature of industry	
which employed or (employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) Atres
ID NAME OF Chevezer facity	(Signed) far J. Though M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D
OF FATHER Z (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Meidental, Suicidal or Homicidal.
of Mother Mary Nets	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE OF MOTHER (State of Country)	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea h?
Anie Togle	Former or usual residence
(Address) New Deing M. R. D. Edgua	19 PLAGE OF BURIAL PREMOVAL DATE OF BURIAL
15 File Mar 7 1931 MA Cengreray	Powell & albaugh Liberty town
If more blanks are needed, addres tate kegistra	r, 16 W. Saratoga St., Ealto., Lequesting V. S. No. 1.

(Approved by U. S. Census ɛnd American Fublic Health Association.)

tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, er," etc., without more precise specification as Loy laborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (6) Grocery;

Stritement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Uraemia, as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railwoy train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, " "Weakness," etc., when a definite disease Chronic valvulor heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PERSONAL AND STA	(Usual place		St., 4 Ward. If nonresiden MEDICAL CERTIFICAT	nt give city or town and State E OF DEATH
SEX 4. COLOR OR RA	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Mar (Month)	/8 193/ (Day) (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of	9		22. 31 HEREBY CERTIF	Y, That I attended deceased fr
DATE OF BIRTH (month, day, and year AGE Years Mon	oths Oays	9,30 If LESS than 1 day, hrs. ormin.	to have occurred on the date stated abova, at / O. The PRINCIPAL CAUSE OF DEATH and related cauwara as follows:	
9. Industry or businass in which work was done, as SILK MILL SAW MILL, BANK, etc	11. Total spe	time (years) ant in this supation	Other Contributory Causes of importance:	
14. BIRTHPLACE (city or town).	Morylon	sings	Name of operation	the state of the s
15. MAIOEN NAME Name 16. BIRTHPLACE (city or town) (Stata or country) 7. INFORMANT Alongo (Address)	Marylar W, Fly	gler los rol	23. If death was due to external causes (VIOL ENCE) Accident, suicide, or homicide? Where did injury occur?	fill in also the following: Oate of injury
8. BURIAL CREMATION, OR REMOVAL	my m		Manner of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis APR 4 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitive nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
		and the state of t		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Ir, Boandfield

STATE OF MARYLAND

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Statement of Occupation-Precise statement of oc etc., For many occupations a single word or term on or At Home, and children, not gainfully em-Wrs.). without more precise specification as Day For persons who have no occupation But in many

Etatement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophinal fever (the only definite synonym is "Epidemic cenchrol spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> ary), 10 ds. Never report mere symptoms or terminal head of "contributory." (Recommendations on stateand qualify as accidental, suicidal, or homicidal, or symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on quenees (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely State cause for which surgical operation was under "Puerperal septicaemia." "Puerperal peritonitis," discuses resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor eausing death), 29 ds.; Bronchopneumonia stated unless important. Nomenclature of the American Medical Association.) Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; rulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MILANS OF INJURY "Debility" Chronic valvulur heart disease; ("Congenital," "Senile," etc.), Example: Measles Struck by railway Always qualify all The contributory (second-(disease "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03200
1. PLACE OF DEATH	3
County Anderell	Registration Dist. No. 136
Village or City Mr. Urbana	NoSt.,Ward
Langth of residence in city or town where death occurred yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Southwart Luc	
(a) Residence: No. Use Warbarra	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH Month (Month) (Oay) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 25.31	
7. AGE Yaars Months Oays If LESS than	to have occurred on tha date stated ebove, at
O O O O I day, O hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
	000
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	Sull oren
10. Oate deceased last workad at this occupation (month and year)	(Sy) morths
12. BIRTHPLACE (city or town) Drowy land (State or country)	Other Contributory Causes of importance:
W 13. NAME Stand Stan	
13. NAME And Stand Stand Co. 14. BIRTHPLACE (city or town) Day of Park Co. (Stata or country)	Name of operation Dete of
15. MAIOEN NAME Flagues Hockey	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Flores Hockey 16. BIRTHPLACE (city or town) Fullerik Co (State or country)	Accident, suicida, or homicida?
17. INFORMANT Officed Group (Address) Items and the state of the state	(Specify city or town, county and State) Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Hefallshor Oata Mar 25, 1981	Mannar of injury
19. UNDERTAKER Affanerial	24. Was disaasa or injury in any way related to occupetion of daceasad?
20, FILEO MOV 25, 1939 G. Andrechou. Registrar.	(Signed) M. D. (Address) Dederale, and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APR 4 1911	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street ear	1 week ago	
Corebral hemorrhage	FUREAU V S	July 5, 1927	Peritonitis	3 days ago	
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

01		-	
	-	0	
0	S	63	
	>	×	
		0.45	

PLACE OF DEATH Every item of information should be carefully supplied. ACE should be stated EXACTLY, PH CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Estatement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH

10 20	Registration Dist. No. 136
Village or City Urbane (No. 2FULL NAME Office)	St.: Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 25, 1923 (Month) (Duy) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	
yrs. 8 mos. ds. or Omin.?	The CAUSE OF DEATH * was as follows:
yrsds. ormin.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(6)20.?) (Duration)
9 BIRTHPLAGE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF FATHER Office Livery	(Signed) Description M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Three Lackey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) alfred Leany	Former or usual residence
(Address) Hamoulle nd	Helalislow Just 25, 193/
Filed Moc 25 192 Golfmedneson Registrar	20 UNDERTAKER Group Spanesville
If more branks are needed, address State Registrat	r, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

WITH UNFADING INK--THIS MARGIN RESERVED

FOR

V. S. No. 1

63 ż

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer--Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re household only (not paid Housekeepers who receive a (a) Foreman, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enetc., For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile foctory. The material single word or term on Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed

answered in detail, it will prevent further correspondence. All the data is desential and must be obtained before the certificate is

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) approved (Recommendations on statement of cause of death (classics) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondar) In this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature or intercurrent) affection need not be Chronic valvular heart disease, Example: Measles (disease etc. The contributory

pluods Every statement PHYSICIAN RECORD. PERMANENT classified. THIS may that UNFADING Ta DEATH pe

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCITPA 1. PLACE OF DEATH Registration Dist. 'No. Village or City (If death occurred in a epital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs._ 2. FULL NAME (a) Residence: No. St. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR-OR/RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Year) 5e. If married, widowed, or divorced HUSBAND of 22. EREBY C.ERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Deys Manthe If LESS than 1 day,hrs. or ____ min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which work was done, es SILK MILL SAW MILL. BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this occupation instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation (State or country) What test confirmed diagnosis?_ Was there an autopsy? MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?_____ Date of injury______ 16. BIRTHPLACE (city or town (State or country) Where did injury occur? ___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnous OF (Address) 18. BURIAL, CREMATION, ORORE Manner of injury CAUSE Nature of injury 24. Was disease or injury in any way related to occupation 19 UNDERTAKER (Address) If so, specify (Signed) Registrar. If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RUREAUV	S 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	1 week ago	
1921		1 week ago	
	A O BOTOLIA	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset Date of onset	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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~ W. 6. Johnson

STATE OF MARTEAND	CLIVIII ICATE OF DEATH
1. PLACE OF DEATH	(30)
County Telacrica	Registration Dist. No. 145
Village or City Harmony (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME TO enry of Hartsoc	R
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE OR DIVORCED (write the word) Male Mile Manual	21. DATE OF DEATH Mov 2/ (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of HOT WIFE OF Maney Hartsock	22. I HEREBY CERTIFY. That I attended deceased from may 18, 1931, to may 21, 1931
6. DATE OF BIRTH (month, day, and year) (14.8. 1833	I last saw h. w. elive on May. 20, 193/; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete steted above, at
77 7 /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc Jay Labour	Cerabas Herrosleage Mars
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	1921
10. Date deceased lest worked et this occupation (month and 1927 11. Total time (yeers) spent in this yeer) 12. Total time (yeers) 12. Total time (yeers) 13. Total time (yeers) 13. Total time (yeers) 14. Total time (yeers) 15. Total time (yeers) 15. Total time (yeers) 16. Total time (yeers) 16. Total time (yeers) 17. Total time (yeers) 18. Total	
12. BIRTHPLACE (city or town) Treserve	Other Contributory Causes of importence:
13. NAME William Factsock	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(Stele or country) Maywand	What test confirmed diegnosis? Wes there en eutopsy? Ha
15. MAIDEN NAME Sorah Gopwood	23. If death was due to externel causes (VIDL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mancy Atombers	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Middletown, Md. Doto, Mars. 23, 1931	Menner of injury
19. UNDERTAKER (1.) 3. Madrill (Address))); Address));	24. Was disease or injury in any way releted to occupation of deceased? No.
20. FILED Mars. V3, 19.31. William B Wallte	(Signed) Strue Harf M. D. (Address) Middle How M. D.
76 11 11 11 11 11 11	

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exam	ple I		Example II	
The principal cause of death a of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	EIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	2 1301	July 5,1927	Peritonitis	3 days ago
BUI	EAU V.S.			
Other contributory causes of i	mportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03205

1. PLACE OF DEATH	5 375	*	(20)		10	1
County Frederick				Registration	Dist. No. 131	b
Village or City Near Urbs	ana		No		St.,	Ward
Length of residence in city or town w	here deeth occurred2.		f death occurred in a hospital or institus. How long in U.S. If o			
2. FULL NAME Josephi	ne Harvey.					
(a) Residence: No. Near	Urbana (Usual place	of abode)	St.,Ward.	If nonresident	give city or town ar	nd State
PERSONAL AND STAT	ISTICAL PART	ICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE female white		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	March (Month)	4th.,	. 193 - (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. H	arvey.				Y. That I ettende	
	Sept. 7, 1	865	l last saw h elive on			-
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Month 65 5	s Days 27	If LESS than 1 day,hrs. ormin.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEA' were as follows:	ed abova, at 2.1	.5A .m.	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc	. Housewife)	acute enter	atis (Que	24/10)	- Kuch 3
kind of work done, as SPINNER SAWYER, BDDKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and			Langust at	ale beef	toreni.	
10. Date deceased last worked at this occupation (month and yeer) - 3-/-3-/3-/	sp:	time (years) ant in this apation	T. /)	
12. BIRTIIPLACE (city or town)	ryland		Dther Contributory Causes of imp	ortance:		
E 13. NAME Peter K. Mos	sberg.					,
14. BIRTHPLACE (city or town) Mar (State or country)	yland		Neme of operationWhat test confirmed diagnosis?	nu_	Date of	n.autopsy? M.O.
# 15. MAIDEN NAME Catherin	e Philips.		23. If deeth wes due to external ca			
15. MAIDEN NAME Catherin 16. BIRTHPLACE (city or town) (State or country)	ryland		Accident, suicide, or homicide? Where did Injury occur?		Date of injury	, 19
Raymond K. F. 17. INFORMANT Rederick d		đ.	Specify whether injury occurred	(Specify city or in INDUSTRY, in HI	r town, county and Si DME, or in PUBLIC F	ALACE.
18. BURIAL, CREMATION, DR REMOVAL Place Lovettsville	Va. Dete Mar	ch 6, 1931	Manner of injury	ene		
M. R. Etchis			Nature of injury			3 - 4
19. UNDERTAKER Frederick	., -Md		24. Wes disease or Injury in eny	wey releted to occup	pation of deceased?	
(Address)	Offensu		If so, specify (Signed) 1.C.L	yde / on	tim	м. р
		Registrar.	(Address)	- welunis	rum)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RExampletVE		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 2 7 1	1921	Run over by street car .	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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2	TIMIT

infor-	PA.	1	. PLACE OF		7	F MAR	YLA
tem of in			County_F				Within
tem) jo		Village or Ci	ityFr	rederick		
ery i			Length of resid	dence in cit	y or town where o	leath occurred	yrs
IS A PERMANENT RECORD. Every item of infor-	statement	2	(a) Residen			becca Ho t Patrick (Uaualplace	St.
CCO PH	Exact		PERSON	AL AN	D STATIST	ICAL PART	ICULA
RE	r RE Y. Exa	3.	SEX	4. COLOR	OR RACE	5. SINGLE, MAP OR DIVORCE	RIED, WIG
Z-	1 .		Temale		ite	Widowed	3
PERMANE	assifi	Se.	If married, widow HUSBANO of (or) WIFE of		ancis Ho	ffman	
ERN	e .	6.	DATE OF BIRTH (month, day	and veer) A	ugust 30	. 185
		-	AGE Yea		Months	Deys	If LI
IS A I	rtiff		79		6	15	l day,
NG INK—THIS	t it may be on back of	GOCUPATION	9. Industry or I work wes SAW MIL 10. Oate decease	BOOKKEEI business in s done, as S L, BANK, e	PER, etc which ILK MILL, tcked at	At Ho	me time (years ent in this upation
z Z	so	12.	BIRTHPLACE (cit (Stete or cour			land	
N.F.	rms	ER	13. NAME	Ga	briel W	hitter	
≥ ₁₀₀ °	in t	FATHER	14. BIRTHPLACE (Stete or		wn) Maryl	and	
E I S	n pl	ER	15. MAIOEN NA	ME AT	n Emonds	on	
LY,	OF DEATH in p	MOTHER	I6. BIRTHPLACE (State or	(city or to	wn) Mary	rland	
LAIN	F DE	17.	. INFORMANT			ponselle	r
ITE	E E	18	BURIAL, CREMAT	Ol iv	et Cem.F	red. Marc	ch 17
B.—WRITE PEAINLY	CAUS	19	. UNOERTAKER (Address)	M. R.	cick Md.	on & Son	
a pa		20	FILEO/6- TY	rosch	150 - 150	and Th	15 Cer

,	ick rederick			No. 220 Delsa Parties St., death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	Ward
		lebecca Ho			
ice: No	220 Wes	t Patrick (Uaualplace		St., Ward. If nonresident give city or town and	State
AL AN	ID STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	or or race		RIED, WIOOWEO, D (write the word)	21. DATE OF DEATH March 15th, (Month) (Oay)	, 193 1 (Year)
ved, or div	orced cancis H	offman		22. I HEREBY CERTIFY, That lattended December 23d 19 30 to March 15th	, 1931
(month, da	y, and yeer)	August 30	. 1851	last sew her elive on March 14th 1931	_; death is seld
ars	Months 6	Deys 15	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at3:30A. M. The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:	Date of paset,
ession, or p work done , BOOKKE	es SPINNER,	At Ho	me	were as follows: Chronic Endocarditis	12/23
business i es done, as LL, BANK,	SILK MILL.				4
sed lest wo		spe	ime (years) nt in this upation		
ity or town		yland		Other Contributory Causes of Importance:	-
G	abriel				-
E (cîty or t	own) Mary	land		Name of operation Date of	

What test confirmed diagnosis? _____ Was there an eutopsy? ____ No 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury______, 19_____ Where did injury occur? ___ Where did injury occur? (Specify city or town, county end State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of Injury. 24. Wes disease or injury in eny way related to occupation of deceased?__ If so, specify (Signed) (Address) _______

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

31

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· ·	
		0	

(Address) Frederick. Md.

Frederick.

(Addrass)

	ST	TATE (OF MAR	YLAND-	CERTIFICATE	OF DE	ATH 03:	207
PLA	CE OF DEAT	H			948			
Villa	ity_Frederige or CityF	rederic			No. death occurred in a horpital or institu	non, give its NA		Ward number)
FUL	L NAMEJa	mes Hou	ck.					
(a) I	Residence: No. Z	entz Ap	artments (Usualplace	W. Second	St., Ward.	If nonreside	nt give city or town	and State
PER	RSONAL AND	STATIST	ICAL PART	ICULARS	MEDICAL C	ERTIFICAT	E OF DEATH	1
i e	4. color	OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	3 (Month)		, 193 /
merrie HUSBA (or) WI	d, widowed, or divorc				22. HEREBY February 26	CERTII		ad deceased from
TE OF	BIRTH (month, day,	and year) De	c. 10, 18	344.	I last saw h	Faty 2	7 192	; death is seid
E	Yaars 86	Months 2	Deys 22	If LESS than 1 day,hrs. ormin.	to heva occurred on the dete state The PRINCIPAL CAUSE OF DEAT were as follows:			Date of onsat
, S	a, profassion, or partind of work done, es	s SPINNER, ER, atcR	etired Fa	rmer	Chronic Appy	preci		2/1/2

work was done, as SILK MILL. SAW MILL, BANK, etc. Date deceased last worked et 11. Total time (yaars) this occupation (month and occupation. Other Contribatory Casses of importance 12. BIRTHPLACE (city or town) Nr. Frederick, Maryland. (State or country) 13. NAME Ezra Houck 14. BIRTHPLACE (city or town) Maryland (Stata or country) What test confirmed diagnosis? Was there an autopsy? Catherine Bentz. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) .. Maryland. (State or country)

Place Mt. Olivet. Frederickte March 4. 1931

Accident, suicide, or homicide?_ Whara did injury occur? (Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mennar of injury

Nature of injury 24. Was disease or injury in any way ralated to occupation of decaasad?

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	,	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SI	PACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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No. 1 ch

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PLACE OF DEATH County Tkelwel	03208 STATE OF MARYLAND CERTIFICATE OF DEATH
9 11 1	Registration Dist. No. 132
Village or City Work & 45 120 (No	St.: Ward) (If death occurred in a hospitual or institu- tion, give its NAME in- stead of street and
2FULL NAME WALK A MANUEL	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. X OR DIVORCED (Write the word)	16 DATE OF DEATH / 193/ (Month) (Day) (Year)
6 DATE OF BIRTH Lic 25 , 1846	HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on my 9, 1901,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
COCCUPATION (a) Trade, profession or Retired Farmer	Jobar V neuma
(b) General nature of industry	7
business, or establishment in which employed or (employer)	(Duration)yrsrnosds.
9 BIRTHPLACE (State or country) Mwy Land	Contributory Secondery (Duraton) (2 yrs. mos. ds.
FATHER Greenberry House	(Signed) Property M.D.
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary in Grove	10 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE OF MOTHER (State or Country) Mary land	At place of deathyrsmos,ds, In the Stateyrsmosds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Greenberry House	Former or usual tes.dence
(Address) Burhittsville and	Burfuttaville march 12, 1931.
15 Filed 777 ar 18 1931 Jagray Daniel	20 UNDERTAKER ADDRESS ADDRESS Middletons
If more b.anks are needed, addre.s Ltate Negistran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

en at home, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The queser," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material specifically the occupations of persons en-Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the pisers causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same diserse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrotis inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "E haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as Accidental, suicidal or Homicidal, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; approved by Committee on accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. Nomenclature of the The contributory

All this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the that is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ANENT MARGIN RESERVED FOR BIN NLY, WITH UNFADING INK--THIS IS A PER WRITE PI

	PLACE OF DEATH County Frederich	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Bushittan BluNo. Freder	Registration Dist. No. /2/ (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	A COLOR OR RACE 5 SINGLE. MARRIED, Marriell Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH Much / 193/ (Month) (Day) (Year)
	OCT 22 , 1874 (Month) (Day) (Yeal)	that I last saw halve on Feb. 28, 1921,
	AGE If LESS than day hrs. day hrs. or min.?	and that death occurred on the date stated above, at 3 m. The CAUSE OF DEATH * was as follows: Opportunity two - wptured c
S. Contraction	(a) Trade, profession or particular kind of work (b) General nature of industry	Peutvoitio
	which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER John Huffer	(Signed) Trans Debrother to M. D. Abriel / 1921 (Address) Frederick - and.
	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER ama and 13 BIRTHPLACE OF MOTHER (State or country) Mary land	18 LENCTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
1	(Informant) / atie Huffer	Where was disease contracted, if not at place of death? Former or usual residence. Buttlettella:
	(Address) Middle toury and	20 UNDERTAKER DATE OF BURIAL DATE OF BURIAL MARCH 3 nd 1936
	Filed 9- March 192 Frag McKuntly Registrar	6 7 / Sladhil middle tres., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oewhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. to report specifically the occupations of persons enlaborer, Foreman, For many occupations a or yrs). Farm laborer, At Home, and children, without more precise specification as Day For persons (b) Automobile factory. If the occupation has been changed Laborer-Coul mine, etc. Womwho have no occupation single word or term on not gainfully em-The materia (6) The ques-Grocery;

spinal meningitis"; Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal EA & CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the Di Typhoid ferer (never report "Typhoid time and causation), using always the same accept the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia, Pneumonia")

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Texhaustion," "Heart failure," "Hearnorchage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles, approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) eause for which surgical operation was underperdonaeum, etc., FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as or intercurrent) affection need not be " "Marasmus," "Old Age," cough; Committee on Chronic Carcinoma, Sarcoma, etc., of valvular heart disease; etc. The Nomenclature eontributory (disease

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

	03210
PLACE OF DEATH	STATE OF MARYLAND
County Bredescert	CERTIFICATE OF DEATH
0	Registration Dist. No. 114
Village or Cipleurston (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MARRIED	16 DATE OF DEATH
Mal Whole WIDOWED. OR DIVORCED	, 192
Male (Write the word)	(Month) 3 (Day) 20 (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
× 8 20 , 1800	193/10 War. 20, 1921
(Month) (Day) (Year)	that I last saw have alive on Mor. 20, 1994
If LESS than	
70 yrs. 6 mos. 2 4 ds. or min.	
OCCUPATION	
(a) Trade, profession or Petersde January	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) wo mos de
BIRTHPLACE	Contributory Frank Speeble
(State or country)	Secondary (Duration) 7 yrs
10 NAME OF	In The Beall
FATHER NO hot pun	(Signed) M. D.
11 BIRTHPLACE OF FATHER	193 (Address)
(State or country)	*State the I is ase Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER UNLEWOWD Polling	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferate Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country)	of deat' yrads. Stateyramosd
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Whete was disease contracted, if not at place of dea.h?
mala 6 71.	Former or usual residence
(Informant) 1113. G. Cr yearnener	PORLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lewistown	Total Mch. 23.3
	20 UN DERTABER ADDRESS
Filed March 21 1931 Anna M. Jones	m tone and

(Approved by U. S. Census and American Public Health Association.)

work, whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed laborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm luborer, Laborer-Coal mine, etc. Wom-Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Architect, Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); "Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Committee on Nomenclature of the Chronic The nature of the injury, etc. valvular heart The contributory not be disease,

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S. No. 1

19. UNDERTAKER

(Address)

20. FILED / 8 - Lucy , 193/

- Frederick, MA

OCCUPA-

1. PLACE OF DEATH County_Frederick Village or City_Frederick	Registration Dist No. 3 - No. 30 Ward death occurred in a hotpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. il of foreign birth? yrs, mos, ds.
2. FULL NAME Albert James Johnson (a) Residence: No. 30 Wisner (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The state of	21. DATE OF DEATH March 8, 193 (Month) (Day) (Year)
HUSBAND of (or) WIFE of Ella Marie Wilherson	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and 3/1/3) Virginia Virginia	I last saw h
12. BIRTHPLACE (city or town) Virginia (State or country) 13. NAME Abner Johnson.	athroma
14. BIRTHPLACE (city or town) Virginia (State or country)	Name of operationNoneOate of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. Ella M. Johnson. (Address) Frederick, Md.	Accident, suicide, or homicide? NO Oate of injury , f9 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fairview, Fred. Oate March 11, 1931 M. R. Etchison & Son.	Manner of Injury None Nature of Injury

If more blanks are needed, address State Resistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar

(Signed)__

(Address)

24. Was disease or injury in eny wey related to occupation of deceesed?

Frederick,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones M		Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BIN

RESERVED

MARGIN

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. (If deeth occurred in a hospital or institu-Ward) tion, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE .16 DATE OF DEATH MARRIED. WIDOWED. back OR DIVORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH That I attended the decessed instructions (Day) (Month) (Year) IIf LESS than 7 AGE and that death occurred on the date steted above I day hrs. The CAUSE OF DEATH * was as follows: or min.? OCCUPATION 99 (a) Trade, profession or particular kind of work (b) General nature of industry EATH in pl business, or establishment in (Duration)yrs.....mos., which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF II BIRTHPL OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury (State or country) and (2) Whether ATIO Accidental, Suicidal or Homicidal. 12 MAIDEN NA 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transstate CCUP/ ienta or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death. (State or Country) 00 Where was disease contracted, if not at place of death? Every Item CIANS sho statement BURIAL OR REMOVAL ADDRESS Registrar If more branks are needed, address State Registrar, 16 W. Seretoge St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on yrs). without more precise specification as Day (b) Automobile factory. The materia For persons who have no occupation Stationary fireman, etc. But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicacmia," "PUERPERAL peritonitis, stated unless important. approved by as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Uraemia, "" "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Committee on ChronicExample: Measles (disease etc. valvular heart disease; Nomenclature of the The contributory not be

If this certificate is looked over approughly and all questions answered in deal will prevent further correspondence. All the data is essential and must be to ained before the certificate is permanently filed.

	SI-	PLACE OF DEATH
M)	EX	County Frederic
	2 .	

certificate.

See Instructions on back of

s very important.

PARFNTS

63213

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City/11 Market, (No.	Registration Dist. No. / 38
2FULL NAME James M. Kell	St.: Ward) (If death occurred in a hospital or institution, give its NAME it stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White SINGLE, MARRIED, Married (Write the word)	16 DATE OF DEATH March Let , 1981
Month (Day) (Year)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from The 20 192 to March 192 /
(Month) (Dsy) (Year) AGE If LESS than day hrs. ds. or min.	and that death occurred on the date stated above, at 5'30 % m
occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 0 yrs. 0 mos /2 ds.
STATHER John Kelly,	Contributory Browles premionice Secondary Duration Dyrs Dmos 7 ds. (Signed) P. Rowles M. D. May 2 31 Market N. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER dout Know	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of death?ds.
(Informant) John P. Kelly. Loy. (Address) New Market.	Former or usual residence. 19 PLACE DF BURIAL OR BEMOYAL DATE OF BURIAL ALW MARKET. 20 UNDERTAKER 9 ADDRESS
Filed //ar O 18/ Klecian C. Talcomes	1 1 To Calland An Manual A

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; if whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Hame, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Campositor, Architect, Locamotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the the first line will be sufficient, e.g., Farmer ar Planter, tion applies to each and every person, irrespective or Statement of Occupation-Precise statement of oc-," etc., report specifically the occupations of persons en-Foreman, (b) Autamobile factory. The material For many occupations a single word or term on Farm labarer, Laborer-Caul mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the Salesman. duties of the (6) Gracery,

Strtement of Cause of Death—Name, first, the DISEACLE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Sinal meningitis"; Diphtheria (avoid Pneumonia"); Labar pneumonia, Branchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revalver wound of head-hamicide; Paisoned by American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaenia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), diseases resulting from childbirth or miscarriage as stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid (secondary Whooping cough; unqualified, is indefinite); Tuberculosis af lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcama, etc., of by Committee on Nomenclature of the or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease etc. The contributory Measles ;

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PAPENTS

14

PLACE OF DEATH	
4	
County Trescrict	(
b	
'illage or City firmtshing (No	
	1
2FULL NAME Marguerite	Ker
PERSONAL AND STATISTICAL PARTICULARS	
SEX 4 COLOR OR RACE 5 SINGLE.	
MARRIED. WIDOWED.	16
Temak white (Write the word)	4
DATE OF BIRTH	17
Feb. 4 1	931
	(Year) tha
AGE [IfLES	SS than and
	hrs. The
	min.?
(a) Trade, profession or	*****
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer) mfor	
(State or country) Warshould	
10 NAME OF Y	/8:
FATHER Q. Tung Kelle	(Sig
11 BIRTHPLACE OF FATHER	
(State or country) ludy loud	
12 MAIDEN NAME OF MOTHER OF MOTHER	10.1
Turk recker	18 l
13 BIRTHPLACE OF MOTHER	At
(State or Country)	of d
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if n
(Informant) L. Lung Keery	Forr
61.401	0 19 1
(Address) turntshing	ed (

Filed Mc/ 12 31981 M. E.

0321

STATE (OF M	IARY	LAND
CERTIFIC			
Registra	ation D	ist. No.	154

St.:	Ward)	(If deat a hospit- tion, give stead o number.	h occurre al or in e its NAM of street	ed in atitu- E in- and
MEDICAL CERTIF	ICATE C	F DEAT	н	
16 DATE OF DEATH	-/2		193	1
(Mo	nth)	(Day)		
17 I HEREBY CERTIFY, T	hat I atte	nded the	deceased	from
3-/ 192/	. 3 -	-//	, 19	37.
that I last saw her alive on	3 -	//	, 19	31.,
and that death occurred on the da	te stated	above, at	44	m.
The CAUSE OF DEATH * na as fo	ollows:			
Lobar I nou	mo	-		70.00
***************************************	**************			
	**************	P0000700700700000000000000000000000000		
(Durati	ion)	yrs	10 mos	ds.
Contributory				
Secondary				.1
1. A		yrs		
(Signed)		4	ne	M. D.
*State the Disease Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.	Death, is of Inj	or, In oury and	leaths fro (2) Wheth	m er
18 LENGTH OF RESIDENCE (Fo	r Hospit	als, Instit	utions, T	rans-
ients or Recent Residents)	In the			
of deathyrsmosds.	State	yrs	mos	ds.
Where was disease contracted, f not at place of death?				
former or usual residence				
9 PLACE OF BURIAL OR REMOVA	A.L.	DATE	F BURIA	L
Thurmout u	ud.	we.	4 /3 19	51
20 UN DERTAKER		ADDRESS	5	
Zu. J. Shall	0	2	the	402

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotic engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a whatever, write None. etc., Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the single word or term on

spinal meningitis"); Diphtheria avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro Statement of Cause of Death-Name, first, the DI ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septioacmia," "PUERPERAL perilonilis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Weasles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; or intercurrent) affection need not be Chronic valvular heart nephrilis, etc. The con Example: Measles (disease Nomendature contributory disease;

answered in detail, it will prevent further correspondence, date is essential and must be obtained before the cert permaner this dy filed. certificate is looked over thoroughly and all qu stions sential and must be obtained before the certificate is

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	January Press
The principal cause of death and related causes of importance were as follows:	Dato of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	8 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

R. Brandfield

(Approved hy U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (0) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken loborer, Foreman, or At Home, and children, For many occupations a Farm laborer, Laborer-Cool mine, etc. Womwithout more precise specification as Doy For persons Stationory fireman, etc. But in many (b) Automobile foctory. The material Architect, who have no occupation single word or term on Locomotive engineer, not gainfully em-(6) The ques-Grocery,

Strtement of Cause of Death—Name, first, the DISERATE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal moningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

iquahus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles, approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping cough; (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonoeum, etc., Carcinoma, Sorcoma, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, or intercurrent) " "Marasmus," "Old Age," "Shock," Chronic etc. affection need not be valvular heart disease; Nomenclature The contributory etc., of

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BURIAL

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer tired 6 yrs). For persons who have no occupa state occupation at beginning of illness. If retired Spinner, (b) Colton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscarje, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, whatever, write None. report specifically the occupations of persons Foreman, For many occupations a or At Home, and children, especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (b) Automobile factory. The materia (a) the kind of work and also (b) the Luborer-Coal mine, etc. Womsingle word or term on not gainfully em-(b) The ques-Grocery, from

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(Recommendations on statement of cause of death inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." as-fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. (secondary or intercurrent) Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY cough; for which surgical operation Committee on Chronic valvular heart disease; affection need etc. The Nomenclature contributory WES Measles;

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8

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,"

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> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid approved by Committee on or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

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	0.3219
PLACE OF PEATH	STATE OF MARYLAND
County Fred	CERTIFICATE OF DEATH
	160-E) Registration Dist. No. 137
Village brokensh Wish (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 3 _ 5 _ 198 / (Month) (Day) (Year)
6 DATE OF BIRTH 3 4 . 193	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Amgalive on 3-4. 195. 1,
7 AGE If LESS tha I day hrs. O yrs. O mos. O ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	du h-instrumental selman
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) Q yrs. Q mos. ds.
9 BIRTHPLACE (State or country) Md,	Contributory Secondary (Duration)de,
10 NAME OF Gey. W Myosly	(Signed) M. D. 3/192/ (Address) Herrie Burn M.D.
OF FATHER (State or country)	*Stare the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER NEVA Louise Holt	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Leo. W mooser	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Mart 121 Mufueur Registrar	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more branks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Disease is a construction with respect to time and causation), using always the same accepted to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebross; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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S. No. 1

should state item of infor-

OCCUPA-

JO

1. PLACE OF County Village or City

Length of resider

2. FULL NAM

5a. If married, widowed, HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (mc

8. Trade, profession

9. Industry or bus

10. Date deceased this occupat

12. BIRTHPLACE (city o (State or country

15. MAIDEN NAME

13. NAME

19. UNDERTAKER

(Address)

kind of wor SAWYER, BO

work was do SAW MILL,

year) ____

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town (State or country

Years

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

(a) Residence

PERSONA

STATE OF MARYLAND-	CERTIFICATE OF DEATH
DEATH	(3220)
	1.27
edurato	Registration Dist. No. 137
P. F. D. Mrt. airy med.	No. St., Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	us. now long in 0, 3, 11 of foleign bifting yrs nos, us.
E Mary and Raille.	
: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
o. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March = 14 = 193/
or diversed	(Month) (Day) (Year)
	22. I HEREBY CERTIFY, That I attended deceased from
Urias naille.	never saw degraced, gave princiption
onth, day, and year) 1856 - 11 - 13	Hast saw h. at affire man, 6 1931; death is said
Months Days If LESS than	to have occurred on the date stated above, at 1,46 H m.
1 lday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	were as follows:
on, or particular k done, as SPINNER, Of home OOKKEEPER, etc	aproplemy about mog 1.5%
siness in which one, as SILK MILL, BANK, etc	(widently from symptoms)
last worked at 11. Total time (years) spent in this occupation	
	Other Contributory Causes of importance:
or town) Maryland.	Paralysis of Explis Dido may 3m
	Varalyses of toght side man 3ml
ashinotok Resure	Lot Howard

Name of operation. What test confirmed diagnosis?

23. If death was due to external causes (VIOLENCE) fill in also the following

Accident, suicide, or homicide?_____

Where did injury occur?__ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury. 24. Was disease or injury in any way related

If so, specify (Signed)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example T. VE		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis U 1	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other centributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ExampleCEIV	ELI	Example II		
The principal cause of death and related causes of importance were as follows: APR 4 193	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis BUREAU	7. 4921	Run over by street car	1 week ogo	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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S. No.		
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4	63222
PLACE OF DEATH County Full-	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or Citylu Al Implain. 2FULL NAME. 2RM N	Registration Dist. No. 3 (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from , 192
7 AGE The form of the property of the propert	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Shill from
which employed or (employer)	Contributory Secondary
10 NAME OF CHANNEL Janubeyo	(Signed) 7. Chyla / rulia M. D.
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER YLLY / Steel WING (State or Country).	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of death? Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAL 3, 19.31
Filed MA 3 1981 Tayle / Registrar	20 UNDERTAKER ADDRESS
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furner Coor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servan Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective or fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The materia or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal minc, etc. Womduties of the (b) Grocery;

Statement of Cause of Death—Name, first, the nt-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

manently filed

V telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," American Medical Association.) or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercun be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway troin-Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondar/ If this certificate is looked over thoroughly and all quistions fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLAC	E OF DEATH			92-50			
County	Frederick		VIII angliv		/ Registration	Dist. No. 13	
Village	or City Frederick		(1)	No. 124 20 /	marke	£ St.,	Ward
Length	of residence In city or town whe	re deeth occurred	yrs,mos	ds. How long in U.S. if	of foreign blrth?	yrs	_mosds.
2. FULL	NAME George	William Re	belke				
	esidence: No. 124 S.		•	St.,Ward.	If nonresider	nt give city or town	and State
PER	SONAL AND STATIS	TICAL PART	ICULARS	MEDICAL C	ERTIFICAT	E OF DEATH	
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	March (Month)	14,	1, 193
5a. If merried,	widowed, or divorced	1 2222 100			(NIOREN)	(Uay)	(Year)
HUSBANI (or) WIFE	D of			22. I HEREB		Y. Thet I ettend	
		Sept. 12,	1877	Jan 18	Thank	narch !	19.07
6. DATE OF B	IRTH (month, day, and year)			Ust saw h_ Les elive on	6.	30A - 19.5	; death is said
7. AGE	Years Months	120ays	If LESS than 1 day, hrs.	to have occurred on the date stat		m.	
			ormin.	The PRINCIPAL CAUSE OF DEA were es follows:	TH and releted cau	ises of importance	Date of onset
8. Trede,	profession, or perticular d of work done, as SPINNER, WYER, BOOKKEEPER, etc	Blacksm	ith	7/17 0 000	weitas	7	3 60 . 4
	ry or business in which		***************************************	metral reg	agual	use	725.29
Wo Wo	rk wes done, es SILK MILL, W MILL, BANK, etc.			governed by	· acu	1	
10. Oate o	deceesed last worked at 11 ns occupation (month and ar)	SD SD	time (years) ant in this	ardiae	dula	alson	dag
	Maryl			Other Cuntributory Causes of imp	ortence:		
	CE (city or town)			- TO 0	gurgi	-fort	
	William Roel	ke		- Mular Co	guega	raceve	
13. NAME	Ge	ringiny					
14. BIRTH	PLACE (city or town)			Nema of operation		Date of	f
(3	tate or country)			Whet test confirmed diagnosis?		Was there e	en eutopsy?
15. MAIOE	N NAME Mary Gotz			23. If death wes due to external ce	uses (VIOL ENCE)	fill in also the follow	ving:
	. 2 (011) 01 101111/	ryland		Accident, suicide, or homicide?		Oete of injury	, 19
≥ (S	tate or country)			Where did injury occur?	(Specify sity	or town, county and	State
17. INFORMAN (Addre	Mrs. Emma V. ss) Frederick,			Specify whether injury occurred	in INDUSTRY, in H	IOME, or in PUBLIC	PLACE.
	REMATION, OR REMOVAL			Manner of injury			
Plece	Mt. Clivet Cem. F	red Dete Marc	ph.16,,19.31	Neture of injury			
10 UNOFFEE	KER M. R. Etchis	on & Son-		24. Wes diseese or injury in any	way raleted to occu	netion of deceased?	We
19. UNUERTAR	ss) Frederick. M	1.	***************************************	If so, specify	1	A	D. C
			1.C C 0	(Signed)	/Trac	edfer	(el M. O.
20. FILEO NO.	march 1931 _ D	1. are	Registray.	(Address)			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis APR 4 1931	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUA.P.A.II V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	ATEMENTS BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Year) lended deceased from death is sald The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Was there an autopsy?____ 23. If death wes due to external causes (VIOL ENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or fn PUBLIC PLACE. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 4 IVED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset 1915	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis Cerebral hemorrhage	1921 July 5,1927	Run over by street car Peritonitis	1 week ago 3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) Y, That I attended the deceased from 6 DATE OF BIRTH (Day) If LESS than 7 AGE The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENTS *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER SO Z (State or country) 20 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER d state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathyrs.....mos.....ds. (State or Country) Where was disease contracted, if not at place of death?.... usual residence Every it CIANS stateme 20 UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Keduerling V.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthlaborer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive Spinner, (b) Cotton mill; (a) Salesman. er," etc., state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Forcman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material (b) engineer, Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebros pinch to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age, Snook, "Uracmia," "Weakness," etc., when a definite disease." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-"PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercarbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi interstitial nephritis, resulting from childbirth or miscarriage as or intercurrent) affection valvular heart discase etc. The contributory need not be

permanently filed ofswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and al questions

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1931

(Approved by U. S. Census and American Fublic Health Association.)

additional line is provided for the latter statement; it should be used only when needed. *As examples: (a) fulness of various pursuits can be known. The queseupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and ehildren, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Nanager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on copecially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Stretement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal feren (the only definite synonym is "Epidemiz eerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

> (secondary or intercurrent) affection need not be st. ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is loss definite; avoid use of "Tumor" for malignant neoplasms); "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," tetanus) may be stated under the head of "eontributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," eausing death), 29 ds.; Bronchopneumonia (seeondary), Chronic interstitial nephritis, etc. The contributory Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and eonsequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y cough; Chronic valvular heart Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 193

V. S. No. 1

S	TATE C	OF MAR	YLAND-	CERTIFICATE (OF DE	ATH	03227
1. PLACE OF DEA	тн	401 41 / 100 90		(942)		, (11-
County Frederick				Registration Dist. No. 21=			
Village or City nes	ar Mt. Pl	easant		No. Ob St., Ward			. Ward
Length of residence in c	ity or town where	death occurred		death occurred in a hospital or institution ds. How long In U.S. if of			
2. FULL NAME M	rs. Debor	ah Cather	rine Sheete	enhelm.			
(a) Residence: No.				St. Ward.			
(a) hosidence. Hos		(Usual place	of abode)	ou,	If nonreside	ent give city or town	and State
PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CE	RTIFICAT	TE OF DEAT	Н
3. SEX 4. COLO	or or race to		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	March (Month)	11,	1 , 193 (Year)
5a. II married, widowed, or divi							
(or) WIFE of GOO.	W. Sheet	enhelm		1 HEREBY	CERTI,	FY. That I atter	-(1., 19.3/
6. DATE OF BIRTH (month, da	y, end year) S	ept. 1, 1	1849	I last saw h_er alive on	Zeran	co.10,19.	31; death is sald
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated			
81	7	10	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	H and related ca	nuses of importence	Date of onset
8. Trade, profession, or p kind of work done	articular as SPINNER,	TT					
SAWYER, BOOKKE	EPER, etc.	Housewife	9	0. 7	1	,	
work was done, as	SILK MILL,			asymmy 1	2400	enco.	
SAW MILL, BANK, etc							
12. BIRTHPLACE (city or town)	Maryla	nd		Other Contributory Causes of impor	rtance:		
(State or country)	1	AMILLE LEGISLE		artero I ele	a man		
13. NAME Ezra B	rengle.						
13. NAME EZTA B	Manage	land.		Name of operation		Nata	of
(State or country)	vwn)v.			What test confirmed diagnosis?			
15. MAIDEN NAME Rac	chel Blac	kburn.		23. II death was due to external caus		MI TO THE REAL PROPERTY.	
15. MAIDEN NAME RA.	Kentuc	ky	******	Accident, suicide, or homicide?		Date of injury	, 19
(State or county)				Where did injury occur?	(Specify city	or town, county and	I State
Missé Elizabeth Sheetenhelm. 17. INFORMANT New Market, Md. R. D.				Specify whether injury occurred In	INDUSTRY, in	HOME, or In PUBLIC	C PLACE.
18. BURIAL, CREMATION, OR REMOVAL				Manner ol injury			
PlaceMt.Zion Com.McKaig Date March 13,1931			Nature of injury				
19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick. Md.			24. Was disease or injury in any wa	y related to occ	upation of deceased	,Lea	
20. FILED 52 march, 1931 Dra Juchendy				(Signed) (Address)	tion	ik zu	M. D.
	If more	blanks are needed,		2411 N. Charles Street, Baltimore, Reg	nuesting U. S. N	No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitut nephritis	1921	Run over by street car	1 week ago
Cerebral Remorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	A
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5;1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis ,	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Trustwich	CERTIFICATE OF DEATH
	Registration Dist, No. 14
Village or City Petersville (No.	St.: Ward) (If death occur a hospital or i
2FULL NAME Henry Sigle	tion, give its NA stead of stree number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 29, 199
6 DATE OF BIRTH July 22, 1840	nor 1981 to my 29
(Month) (Day) (Year)	that I last saw h Levalive on 29, 1
7 AGE 90 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Appenatus (b) General nature of industry business, or establishment in which employed or (employer)	legs cwgR. (Duration) 18 1 1002
9 BIRTHPLACE (State or country) Mod	Contributory Secondary (Duration) yrs mos
10 NAME OF John Sigler	(Signed) None Well
OF FATHER (State or country)	*State the Piscase Causing Death, or, in deaths to Violent Causes, state (1) Means of Injury and (2) When Accidental, Suicidal or Homicidal.
of MOTHER Hannah Goodman	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Mus Jerry anderson	Former or usual residence
(Address) Pettroulle met	Buskettville Ind Muh 31,
Filed Man 30 1931 Mrs. H.S. Helaus Registras	20 UNDERTAKER Den Dunswer
If more blanks are needed, addre.s Ltate Registra	ar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

03223

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective ci whatever, write None. lired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Forrman," "Manager," "Dealworked on may form part of the second statement. ,, etc., Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the not gainfully em-(6) Grocery;

s, inal meningitis"); Dinhtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebrospina Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same accept pneumonia, Bronchopaeumonia ("Pneumonia,

> st_ted unless important. Example: Measles (disease ingos, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," ctc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ilaemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y cough; Chronic affection need not be valvular heart Always qualify all Measles; disease;

BUR Hanenty filed. data is e answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions ssential and must be obtained before the certificate is

(BB) D	- W	PLACE OF DEATH County Tulling	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 144
stated EXACTLY, properly classified of certificate.	Village or City Nangon Wolfe 2FULL NAME Sarah Rebecco	St.: Ward) St.: Ward) (if death occurred in a hospit d or institution, give its NAME instead of street and number.)	
£ 9	Cor	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
R PLNG R PLNG PLNG PLNG PLNG PLNG PLNG PLNG PLNG	o d	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 30, 1923/
A PER	200	6 DATE OF BIRTH May 27 (Manth) (Day) (Year)	i HEREBY CERTIFY, That i attended the deceased from 1923/. to Mars 30, 1923/. that I last saw here alive on Mars 20, 1923/.
RESERVED FC NG INKTHIS IS arefully supplied. A in plain terms so ortant. See Instruc	rms so t	7 AGE 7 2 yrs. 10 mos. 3 ds. or min.?	and that death occurred on the date stated above, at 7,30 A.m. The CAUSE OF DEATH * was as follows:
	plain nt. S	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Tobas premoural
	MTH	which employed or (employed in the Division of State or country)	Contributory Secondary
MAF H UNI	GF DE	10 NAME OF FATHER John Crance	(Signed) 5325 La The Love M. D. May 31 1923! (Address) Radizenshiller, med
Y, WIT	CAUSE	OF FOTHER (State or country) 12 MALDEN NAME OF MOTHER	*State tho Disease Causing Death, or, in deaths from Visient Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
Parform	occ.	13 BIRTHPLACE OF MOTALEN (State or goundary)	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
ITE P	u P	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence
WRIT	CIANS sho	(Address) Terristour Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CALL 193/
BEv	0 to	Filed april 1931 anna W. Jorces Registrar	Mix Colage Son Thurntun
P Z	- 11	If more branks are needed, address State Registrar	16 W. Saratoga St. Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Catton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, er," etc., without more precise specification as Day nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary,, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Furmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Labarer-Coal mine, etc. Wom-For persons who have no occupation If the occupation has been changed Architect, Locomotive engineer, not gainfully em-As examples: (o)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemoirhage, stated unless important. Example: Measles (discase use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Paisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definito disease "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; Chronic valvulor heart unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age, ctc. The contributory " Shock," disease ; Measles ; not be death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Fridmoh	CERTIFICATE OF DEATH
	Registration Dist. No. 14/
Village or City Sunswich (No.	St.: Ward) (If death occurred in
2FULL NAME Pharles Dimues	a hospital or institu- tion, give lts NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH D
mule white Widowed. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That we attended the deceased from
man (3 , 912	mr 3 193/ 10 mrg 13/
(Month) (Day) (Year)	that I last saw here alive on my 9 , 195 1,
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
1 / / / / / day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin,?	
BOCCUPATION (a) Trade, profession or	4000 membra
particular kind of work ausques	(Parelle)
(b) General nature of industry business, or establishment in	6
which employed or (employer)	(Duration)yrsmosQda,
9 BIRTHPLACE (State or country)	Contributory Secondary
1 10 NAME OF	(Sustion) mosde,
FATHER MASS 11 Starts	(Signed) M. D.
IN 11 BIRTHPLACE	(Address)
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal to Homicidal.
of MOTHER the the	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Frans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER MAN	At place of deathyrsmosds. ln the Stateyrsmosds.
(State or Country)	Where was disease contracted, if not at place of dea h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Mis & W Stories	usual res.dence
(Address) Burshing Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1931
15 Filed Mar 10 1921 Mars. H. S. Kedgers. Registral	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
If more banks are needed, addre.s tate Negistra	r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

03231

(Approved by U. S. Census and American Fublic Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Physician, state occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, laborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, who are engaged in the duties of the (b) Automobile factory. The material Architect, Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "E:haustion," "Heart failure," "Liaemorrusge, "Shock," "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; by Committee on Nomenclature or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MARGIN RESERVED FOR BINDING	WRITE PL. LY, WITH UNFADING INKTHIS IS A PERMANENT CORD	N.BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
	(z	

V. S. No. 1

11	1	03232
	PLACE OF DEATH	STATE OF MARYLAND
	County I stalesele	CERTIFICATE OF DEATH
	- · · · · · · · · · · · · · · · · · · ·	Registration Dist. No. 144
1	Village or City MMM No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Cassandra	Valscho steet and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Female While Single, Married OR DIVORCED (Write the word)	16 DATE OF PRATH 2 4 , 193 (Month) (Day) (Year)
6	DATE OF BIRTH Och (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1923 0 to Mer. 2 k , 1983 l, that I last saw h LY alive on March 2 k , 1923 l,
7	AGE 8 6 yrs. 6 mos. 6 de. or min.?	and that death occurred on the date stated above, at 11454 m. The CAUSE OF DEATH * was as follows:
8	(a) Trade, profession or particular kind of work	Cerebral howorkage
	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrs
9	BIRTHPLACE (State or country) MA	Contributory Secondary (Durstion) yes mos de.
	10 NAME OF FATHER EMOST COVER	(Signed) M. D.
O FINA	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
O A D	OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds.
14	(Informant) Lames of My Knowledge	Where was disease contracted, if not at place of death? Former or usual residence.
	(Address) Jurmon such	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MILE SIT, 1931
1	Filed March 26 1931 Anna M. Buss Registrar	Hillside & Erseyar Thurmonh
=	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (nd or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Mrs). For persons who have no occupation Stationary fireman, etc. (b) Automobile factory. The material not gainfully em-But in many Grocery, from

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophial fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Capproved by Committee on American Medical Association.) (Récommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Meastes; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic etc. The contributory affection need valvular heart Nomenclature disease; not be " etc.

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR

MARGIN RESERVED

S. No. 1

20 ż

M	, PHYSI-	PLAC County	Trederick	2
CORD	rly classificate.	Village or C	FULL NAME AL	lest Hats
	ope	PERS	ONAL AND STATIST	ICAL PARTICULARS
A GENT	d be stary be properties of	3 SEX	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
BIND	shoult it inais on b	6 DATE OF	BIRTH	Lev 29 , 19

7 AGE

NTS

W

0

PA

8 OCCUPATION

9 BIRTHPLACE (State or country)

10 NAME OF

FATHER

II BIRTHPLACE

OF FATHER

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE

(State or country)

(a) Trade, profession or particular kind of work

(b) General nature of industry

business, or establishment in which employed or (employer)

	0.3
ACE OF DEATH	, 11
Frederick	(107-a)
0.0.00	

(Month)

(Day)

1929

Ilf LESS than

I day hrs.

(Year)

min.?

20 UNDERTAKER

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Falto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATI	E OF	DEATH
Registration	Dist. N	0. 147

L	St.:	Ward)	a hospital tion, give stead of number.)	or institu- its NAME in- street and
MEDICAL	L CERTIF	FICATE O	F DEATH	
16 DATE OF DEATH	M	erch	14	1934
				(Year)
17 I HEREBY C				
March 12			//	
that I last saw h	alive on	nais	h 14	1927.
and that death occurred	d on the d	ate stated	above, at	m,
The CAUSE OF DEATH	//	1		
()sones	20-	news	none	<u> </u>
	.,,		·	
***************************************				*******************
	/D	-4:>		mos 3 ds.
Contributory	(Dui	a((O12)	y18	1108.20
Secondary				
				mosds.
(Signed) lenge	m.	Doy	<u></u>	M. D
narch 14 (1931	(Address)	Dan	rasul	w ma
*State the Diser Violent Causes, state Accidental, Suicidal or				
18 LENGTH OF RESIDENTS OF RECENT Residents	DENCE (F			
At place of deathyrsmos	da.	In the State	yrs	mosds
Where was disease contractif not at place of death?	eted,			
Former or usual residence			••••	>>==0==0==0==0==0=====================
19 PLACE OF BURIAL	OR REMO	VAL	DATE OF	FBURIAL
marrin Cha	box (om.	mare	16, 193/

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., (a) Foreman, tion applies to each and every person, irrespective of For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on teltinus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., scpsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury American Medical Association.) Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, cough; or intercurrent) affection need Chronic valvular etc. The Nomenclature Always qualify all heart disease; contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

APR

	STATE O	F MARYLAND	CERTIFICATE OF DEATH	234
1	L PLACE OF DEATH	1 1	(59)	90.
	County Elderich	Mode Waterite	Registration Dist. No. 13/	
	Village or City Yeder	of Dity	No. 137 a 3nd If st	Ward
			death occurred in a hospital or institution, give its NAME instead of street and i	number)
	Length of residence in city or town where de	eath occurredmos	ds. How long In U.S. if of foreign birth?yrsm	osds.
	2. FULL NAME Mary 9	eley Xolekue	ass,	
	(a) Residence: No. 13.7 1 3rd	d SX Frederick	Ward.	
-	PERCONAL AND CHARGE	(Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
1	PERSONAL AND STATISTIC	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	Course 18817	OR DIVORCED (write the word)	3. 7	193 /
50	If married, widowed, or divorced	Single	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended Mch 2 1931 to moh 7/2	deceased from
	DATE OF BIRTH (month, day, and year)	£ 20 1873	meh y	: death is sald
-	AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	, 000111133010
	57 1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
7	8. Trade, profession, or particular	// // //	were as follows.	Date of onset
NO	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	me keeper	acuti Dabslio mil.	-777.
No.	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	/	48 hour - drabetec Coma	
0	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
	Kandas	ind Dill	Dther Contributory Causes of importance:	32- 1-
12	(State or country)	En Mid of	1911 House Geald	3/2/3
2	13. NAME TOURS A Chip	Phom		
FATHER			Name of assertion	
-	14. BIRTHPLACE (city or town) (State or country) Theter	ich Co. Mid.	Name of operation	utopsy?
MOTHER	15. MAIDEN NAME Summe	2 Joung	23. If death was due to external causes (VIOLENCE) fill in also the following	
101	16. BIRTHPLACE (city or town) - Statler	iel Cen Mig -	Accident, suicide, or homicide?Date of injury	, 19
-	(State or country)	O. ah	Where did injury occur? (Specify city or town, county and State	e)
17.	INFORMANT HUSCOULLES & Address) 137 Hb 3rd &	X Trederich West	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PL	ACE.
18.	BURIAL, CREMATION, OR REMOVAL	· Min of 10 91	Manner of Injury	
-	Place XIII CELL CELL COMPLETE	Date 10 , 19.1	Nature of Injury	
19	UNDERTAKER & Clima	- Jone	24. Was disease or injury in any way related to occupation of deceased?	70
	(Address) Irlderoch	May	If so, specify	
20	FILED 9 Lewarch 1981. Day	huldurk.	(Signed) Coparles J. Fortell.	M. D.
1		Kegistrar.	(Address) 122 Comes at	

If mod blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVI AND

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 4 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.	July 5,1927	Peritonitis	3 days ago
		-28	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

ا ب	WITHIN CORPORATE	03235
xac	PLACE OF DEATH	STATE OF MARYLAND
·	County 1 1 cac 1 cers	CERTIFICATE OF DEATH
fied	2	Registration Dist. No.
cate.	Village or City Drumaus undi	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
erly	2FULL NAME A TOUS UMBRONS	number.)
properly of certific	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be ck	Hale While Single, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Musch 23, 1981
may n ba	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
t it	December 4 1858	- Unas 1981. to 192, 192,
tha	(Month) (Day) (Year)	that I last saw h alive on 1923
struc	7 AGE If LESS than 1 day hrs. or min. or min.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
See in	B OCCUPATION (a) Trade, profession or particular kind of work	Pulmonary Congestion
plaint.	(b) General nature of industry business, or establishment in	
드라	which employed or (employer)	(Durstion)ds,
EATH	9 BIRTHPLACE (State or country) (State or country) (State or country)	Contributory Secondary Buration January Janua
CF D	10 NAME OF Junes Janery Wildus	(Signed) M. D. M. D. May 2 3. 1931 (Address) Brusseyell my
CAUSE C	OF FATHER (State or country) & reen Contle Pa	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
d	of Mother Many Glen Hollo	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
state ccuP)	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
00	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
S shoul ment of	(Informant) Lay W Lay Co	Former or usual residence
ate	(Address) 2 mm 115 The	Sample Myrico mo Morel 23,031
© # 0	Filed Man 24 1921 Man H. S. Harrister	20 UNDERTAKER Stuly DORESS
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully emyrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. Laborer-Coal mine, etc. Wom-Locomotive engineer, The material duties of the (6) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISHEAS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," 10 ds. stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary) Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERFERAL perilonilis," diseases (secondary approved by carbolic acid-probably suicide. The nature of the injury, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; or intercurrent) affection need not be " "Marasmus," "Old Age, Committee on Nomenclature Chronic and consequences (e.g., sepsis, Carcinoma, Sarcoma, etc., of valvular heart disease; etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all qu stions all sweed in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. 3 No. 1

)		r, PHYSI-
	LY, WITH UNFADING INKTHIS IS A PER NENT SCORD	ormation should be carefully supplied. ACE should be stated EXACTLY, PHYSI- control of the carefully supplied. ACE should be properly classified. Exact (1) ATION is very important. See instructions on back of certificate.
2	NEN	be plack of
SINC	PER	thould It may on ba
CK P	SAI	ACE to that
MARGIN RESERVED FOR BINDING	LHIS I	rms ed
SERV	INK	ly sup lain te
1	ING	H in ploor
7707	NFAD	d be c DEAT ry imp
M	TH U	shoul E CF
	r, WI	CAUS
	E	E oc

PLACE OF DEATH	STATE OF MARYLAND
County TALLISSICS	CERTIFICATE OF DEATH
1	Registration Dist. No. 14/
Village or City VMMMMC (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Samuel Richard	wilson stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE White Single, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH NOY 6 , 1921
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h realize on how 199/,
7 AGE If LESS than I day	and that death occurred on the date stated above, at 12.34 Am. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Cerebra Throwbori
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos & ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mosds.
10 NAME OF FATHER James Wilson	(Signed) Porice Wash M. D. Mrs 7 1921 (Address) Decres Screece by
OF FATHER (State or country) M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jane moore	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Myh & R Wilson	Former or usual residence
(Address) Brunswick Md	Are of Burial OR REMOVAL DATE OF BURIAL Mish & , 1931
Filed MAR 7 1931 MMO H S. K. Ag 14	20 UNDERTAKER ADDRESS ADDRESS MA
If more blanks are needed, addre.s Ltate Negistra	, 15 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

03236

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopueumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) (name origin; "Cancer" is less definite; avoid Whooping carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. approved by Committee on Nomenclature of the American Medical Association.) tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainas fracture of skull, and consequences (e. g., sepsis, Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic etc. The contributory affection need valvular Always qualify all heart disease;

All this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the died is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH (WIDOWED OR DIVORCED Write the word (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at 1.1.1. I day hrs. The CAUSE OF DEATH * was as follows: (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) De EA TO 10 NAME OF 11 BIRTHPLACE RENTS OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) d stat 13 BIRTHPLACE At place OF MOTHER (State or Country) Where was disease contracted, if not at place of death? Every item CIANS sho statement usual residence 19 PLACE OF BUR 20 UND Registra If more branks are heeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Doy Compositor, For persons who have no occupation (b) Automobile foctory. The materia Stationary fireman, etc. But in many Architect, Locomolire (b) The quesengineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphulfever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

capproved by American Medical Association.) as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic etc. valvular Nomenclature The contributory Always qualify all heart not be

If this certificate is looked over thoroughly and a l questions apswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

N	1)	, PHYSI
	CORD	viled. ACE should be stated EXACTLY, PHYSI ms so that it may be properly classified. Exac
ō	HIS IS A PERM NENT CORD	be stated be proper
ED FOR BINDING	PERA	should t it may
FOR	IS A	ACE so tha
Q	HIS	ms s

PLACE OF DEATH	03238
F 20 100 is 1/2	STATE OF MARYLAND
County (1) / U AUCCO	CERTIFICATE OF DEATH
1++ 0	Registration Dist. No. 197
Village or City hall Sample William	St.: Ward) (If death occurred in a hospitat or tastitu-
Engage 111	tion, give its NAME in-
2FULL NAME CYVVVV VVV	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WGL.	16 DATE OF DEATH MACHOCLA 18 100 31
unale white (Write the word)	march 18, 19231
6 DATE OF BIRTH	(Month) (Day) (Year) 17 — I HEREBY CERTIFY, That I attended the deceased from
a. a. 4 899	Jeb 27 1923/10 March 18, 1923/
(Month) (Day) (Year)	that I last saw held alive on March 18, 1923/
7 AGE [If LESS than	and that death occurred on the date stated above, at
3 yrs. 7 mos. 1 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION /	Rulling mary willer culting
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Durstion)
9 BIRTHPLACE (State or country)	Contributory Secondary
vicary ang.	(Duretion)
10 NAME OF CALLED THE	(Signed) Julian S. M. D.
II BIRTHPLACE	March 18.19231 (Address) Lace Sana forum mo
Z (State or country) Maryland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER WAS A DO THE PROPERTY OF MOTHER WAS A DO THE WAS A DO T	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of death yrs mos des. In the 3 yrs mos des.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, where was disease contracted, if not at place of death?
2000 8 1000	Former or usual residence 30 2 S. Highland ave. Balt, Md
(Informant) W. 4. 3 arange	19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL
(Address) Late Lange on Mul.	Bal Timore Md. unknown
15 218 31	20 UNDERTAKER ADDRESS
Filed Registrar	M.L. Creager Hurmont

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Former (re-tired 6 yrs). For persons who have no occupation er," etc., William ... Loborer-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (o) Solesman. without more precise specification as Doy Stationary firemon, etc. But in many (6) Automobile foctory. The material -Coal minc, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy train-State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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" more blanks are needed, address State Registrar, 16 W. Saratoga . lalt ... Requesting V. S

PHYSIstated EXACTLY, I certificate. of it may be on our back of that ructions 67 0 plain 2 impo 4 MARGIN ery 0 LL. O WZ USU IO DAC State Cours 20 10 3 hol (2) 00 CIAN

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day whatever, write None. fired 6 yes.). For persons who have no occupation business, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At achool or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Luborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or Industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Furmer or Planter. (a) Foreman. (b) Automobile factory. Civil engineer, Stutionary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on The material

Statement of Cause of Death—Name, first, the bisEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accept
ed term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Il
Typhoid fever (never report "Typhoid pneumonia"):
Lobar pneumonia, Bronchopneumonia ("Pneumonia."

head of "contributory." (Recommendations on state-Demendature of the American Medical Association.) ment of cause of death approved by Committee on quences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, sticidal, or homicidal, or "Puerperal septicuemia," Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Amaemia" (merely ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. inges, peritonaeum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; (name origin; "Cancer" is less definite; avoid "Debillty" ("Congenital," "Senile," etc.), Struck by railway Always qualify all The contributory "Coma," "Haemor-(second-(disease "Con-

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	PLACE OF DEATH	03240 STATE OF MARYLAND
	County Tredindo -	CERTIFICATE OF DEATH
	Village or City Unionville, = (No: F.D. #4. Ma	Registration Dist. No. 37 Cary Mad St.: Ward (if death occurred in a hospital or institution, give its NAME it-
I	2FULL NAME James augustu	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White (Write the word)	16 DATE OF DEATH March = // 2 , 199/
	6 DATE OF BIRTH Oug. = 15 = 1920, (Month) (Day) (Year)	that I last saw him alive on Month 10th, 1981.
	7 AGE If LESS than 1 dayhrs. ormin.?	and that death occurred on the date stated above, at 7.16 a, m. The CAUSE OF DEATH * was as follows:
N. 18	(a) Trade, profession or particular kind of work (b) General nature of industry	Morchapusumonia
1	business, or establishment in which employed or (employer)	(Duration) yrs, mos / O ds.
	9 BIRTHPLACE (State or country) Maryland,	Contributory Secondary (Dyranion)
	10 NAME OF FATHER GLOS JE Cruckles,	(Signed). A. Co, Stately M. D. Wich 1/th 193/ (Address) New Win sloor Mid
	OF FATHER Z (State or country) Maryland.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Canalis Wright	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	(State or country) Manyland,	At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Information Mary Co. Stright,	usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	RADOST 4/ not. airy hel.	Taylorsville Centy, Mar = 13: 1031.
	Filed Mar 11 1921 MA Purfus Registrar	Lo.M. Maltzi How Lield Mid
	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Barto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired er," etc., without more preuse creating, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed work, or At Home, and children, definite salary, may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (12 ployed. as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of oc-For many occupations a single word or term on 318. For persons who have no occupation not gainfully em-

Strtement of Cause of Death—Name, first, the Dissease Courses Geary (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence.

is essential and must be obtained before the certificate is

data is essential permanently filed.

catednus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage,") stated unless important. Example: Measles (disease carpolic acid-probably swicide. The nature of the injury. Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonibis," etc. diseases resulting from childbirth or miscarriage as "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; can be ascertained "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and al questions "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age, or intercurrent) as the cause. Always qualify all Chronic etc. The contributory valvular heart disease; affection need "Shock," not be

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	PLACE OF DEATH County Grederick	0324 STATE OF MARYLAND CERTIFICATE OF DEATH			
Andrew Company of the	Village or City Hardy (No	Registration Dist. No. 2			
V	2 FULL NAME LESSIFIE F. Jo	stead of street and number.)			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED, (Write the word)	16 DATE OF DEATH March. 1931. (Month) (Day) (Year)			
	6 DATE OF BIRTH Flowery 9, 1878	17 A HEREBY CERTIFY, That I attended the deceased from			
	7 AGE (Month) (Day) (Year) 1 day hrs.	and that death occurred on the date stated above, at			
	B OCCUPATION (a) Trade, profession or particular kind of work	Preusuonia (Lobar)			
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsds.			
	9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Secondary (Duration) yrs ds. (Signed) M. D.			
	II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME OF TATHER (State or country) II MAIDEN NAME OF TATHER (State or country) II MAIDEN NAME OF TATHER OF TA	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 Country	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.			
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of deah?			
	Address 1 191 2 Press	Derker Vell Mar 7, 193/ 20 UNDERTAKER LABORESS LOVEL			
	if more banks are needed, address State Kegistra	r, 16 W. Saratoga St., Balto., Kequesting V. S. Fo. 1.			

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many tle first line will be sufficient, e.g., Farmer or Planter, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Colton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) For persons who have no occupation Automobile factory. The materia (b) The ques-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tctanus) may be stated under the head of "contributory." American Medical Association.) approved by accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease cough; Committee on Chronic and consequences (e.g., sepsis, Example: Measles (disease affection need etc. The contributory valvular heart diseasc Nomenclature of the " "Convulsions, Measles; not be

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MARGIN RESERVED FOR BINDIN

1. PLACE (Frederick				Registration Dist	No /2/=
Village or	W W 3.	erick.		No May to	reden	e so:
				death occurred in a hospital or instit		
				ds. How long In U.S. if	of foreign birth?	yrsmos
2. FULL N	ME Mrs. Albe	erta Flem	ing Zimmerr	an.		
(a) Reside	nce: No. Near Fre	(Usual place	e of abode)	St., Ward.	If nonresident give	city or town and State
PERSO	NAL AND STATIS			MEDICAL C	CERTIFICATE O	
3. SEX female	4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED. ED (write the word)	21. DATE OF ATH	March	29th. 1931
5a. If married, wide HUSBANO of	wed, or divorced					
(or) WIFE of	Charles E. 2	Zimmerman	•	22. THEREB	Y CERTIFY.	That I attended december
C DATE OF BIRTI	(month, day, and year) A	mil 23.	1855	Last saw h 2 alive on /	11/1/21	193/ death
	ears Months	Oays	If LESS than	to have occurred on the date sta	ted above, at 6 • 45A.	
7	5 11	6	l day, hrs.	The PRINCIPAL CAUSE OF DEA		importance
8. Trade, pro	ession, or particular		, , , , , , , , , , , , , , , , , , , ,	1/1	De la serie	Date
	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc.	Housewif	e <u></u>	Meno	www	0
9. Industry of work w	business in which as done, as SILK MILL, ILL, BANK, etc			James (Valvan	10
10. Oate dece	sed last worked at	11. Total	time (years) ent in this	Will Comment	1.1.0	4.4.
year) -	upation (month and	06.	cupation	HUNG	Weling.	
12. BIRTHPLACE (city or town) _ Maryla	nd		College Contributary Causes of Inni	Volme	The en
(State er co	untry)		•	Mude	cerror	
I	lbert Fleming					
4 14. BIRTHPLA	E (city or town) Mary	land		Name of operation		
1 (State	or country) AME Mary Glaze			What test confirmed diagnosis?		
I	Marsz			23. If death was due to external ca		
	CE (city or town)			Accident, suicide, or homicide? Where did injury occur?	Oate	of injury 1:
	r. C. E. Zimme Frederick, M			Specify whether injury occurred	(Specify city or tow in INDUSTRY, in HOME,	
18. BURIAL, CREMA	olivet, Fred		ch 31, 1931	Manner of injury		
19. UNOERTAKER M. R. Etchison & Son. (Address) Frederick. Md.				24. Was disease or injury In any If so, specify	way related to occupation	of deceased?
20. FILEO 80-le	vacely 31 on	2,m	Eleudy:	(Signed)	4 No-14	egh

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of rarious pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		Example II	7
The principal cause of death and related causes of importance were as follows: APR 4 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis BUREAU V.	1921	Run over by street ear .	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN